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ANNUAL REPORT

TO THE

CITY OF BIRMINGHAM EDUCATION COMMITTEE

OF THE

SCHOOL MEDICAL OFFICER

JAMES R. MITCHELL, M.C., M.B., Ch.B., D.P.H.

FOR THE

Year Ended 31st December, 1944

*In accordance with circulars 576 and 596
of the Board of Education.*

BIRMINGHAM:

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For the Year ended 31st December, 1944.

INTRODUCTION

This report has been prepared in accordance with the direction of the Minister of Education who has stated that he does not require the submission of a full report by the School Medical Officer, but that he would be glad to receive a brief report on the health and well-being of school children during 1944, and on any special features of interest in the working of the School Medical Service.

STAFF.

In my Report for 1943 it was shown that the number of Assistant School Medical Officers had been reduced from 13 to 10 (including one Medical Officer engaged in the work of special schools and special purposes) and the hope was expressed that no further reduction might be made necessary by war conditions. The resignation of two of the Staff was made good by the appointment of Dr. W. Campbell-Mackie and Dr. R. W. Whitfield Watson, but the serious illness of both these Officers very shortly after they had commenced duty again depleted the medical staff. Instead of the ten Medical Officers regarded as the minimum, we have throughout the year, the equivalent of $9\frac{1}{3}$, finishing the year 1944 with a staff of nine. There seems at present little prospect of an increase upon this number although all expedients are being tried.

During the war period it has been necessary, on occasion, to appoint as Assistant School Medical Officers, practitioners who, while excellent in general medical skill, had small experience in the prescription of spectacles for children with refraction errors. This, along with the numerical reduction of staff seemed likely to prejudice the proper supervision of the eye sight of the children, especially since the inspection of the intermediate age-group had been discontinued. To meet this need two additional part-time Ophthalmic Specialists, Dr. K. Davies-Thomas and Mr. Mark Tree, were appointed early in the year. These two practitioners worked first in those Clinics from which, owing to Staff reduction, it had been necessary to withdraw the Medical Officers; later they proceeded to Clinics where the waiting list was highest. A record of their work is included later, in consideration of the clinic work.

There has been some change too, among the School Dental Surgeons. At the beginning of the year there was on the Staff the equivalent of $9\frac{1}{2}$ full-time dental surgeons but the much regretted death of Mr. J. M. Dawson and the resignation of Mr. W. A. Stockwin, the latter a part-time Officer, made a serious reduction in man-power. In the last quarter of the year however, Dr. Emerich Fuchs, a refugee dental surgeon, was appointed for full-time service. The total numerical strength of Dental Surgeons throughout the year has been the equivalent of $9\frac{1}{4}$ part-time officers; at the end of the year the number is nine. There seems little likelihood of any immediate increase in these numbers.

There have been changes too in the personnel of the nursing service. In relation to the numerical power, it has not been possible to maintain the full strength, and replacement of losses among the fully trained nursing staff has at times been unavoidably slow. Difficulty has been found also in securing partly-trained nurses and attendants since many such individuals are, in Birmingham, directed to other occupations.

NUTRITION.

The statistics of nutrition assessment have always been regarded as unreliable data from which to draw conclusions as to the comparative health and welfare of children. This unreliability is due to the different standards employed by various observers and the fact that nutrition is the resultant of several interacting factors.

This has been pointed out again and again in these reports. It may be noted, however, that during 1944 the medical personnel of the School Medical Service was the same as in 1943 with the exception of two Medical Officers who together gave only three months' service so that their returns have little effect upon the total numbers. We can, therefore, compare the assessments of the same group of observers in two successive years with a fair degree of accuracy.

Examining Table II of the appendix to this report, we find that the percentage of children judged to be of "bad" nutrition has fallen from 1.3 to 0.7 per cent., a substantial reduction, while the percentage of children considered to be "slightly" subnormal has declined from 25.1 to 21.4 per cent. So far then as these numbers are guides we find that 22.1 per cent. of children presented some degree of malnutrition in 1944 as compared with 26.4 per cent. in 1943. At the same time the percentage of children showing "excellent" nutrition fell from 4.0 to 2.8 per cent. while "normals" increased from 69.6 to 75.1 per cent.

Taking these statistics as they stand we get an interesting picture of a child population in which the proportion of "normals" has risen at the expense of the "super-normals" on the one hand and the cases of "bad" nutrition on the other.

The complex agencies affecting the health and well being of children have not changed substantially since 1943, for the relaxing of black-out regulations can scarcely yet have produced much effect. Certainly throughout the year there have been greater optimism and less nervous strain in both old and young, but these are quite incalculable influences.

It is possible that the secret lies in a combination of food and finance. No matter how we may inveigh against it, the probability is that in very many cases the war-time diet is a considerable improvement upon that of pre-war times. For example, many may have less milk than they would like but there are fewer than formerly who have almost none at all except what they receive at School. Nor should we forget the sources of supplementary rations, free or on small payment—the milk and meals at School. The importance of school meals as an addition to the dietary may be judged from the fact that during the year 4,472,553 carefully chosen dinners were provided for school children. The family catering is greatly assisted too by meals at the British Restaurants and food carried home from them.

OPHTHALMIC CLINICS.

Detection and treatment of defects of vision in children is an important function of the School Medical Service. Before the war, ascertainment of defects was mainly along two lines. First, routine medical inspection of the "entrant" or first-year age group was relied upon for the detection of congenital abnormalities, squint and high refractive errors which could be recognised by external examination or suspected from the child's difficulty in manipulation or discrimination of relatively large objects. In these cases the observation of the teachers was of great help in ensuring early presentation for examination of any children who seemed in the least abnormal. The second line of ascertainment was the intermediate or eight year age-group. At this age the eyes are used for fine work and a test of vision can be made by the reading of standard types.

Errors of refraction, real or suspected, were investigated at all the clinics by the Assistant School Medical Officers and appropriate spectacles prescribed where necessary. The central Clinic under Mr. Archer-Hall and Dr. Aldridge gave specialist treatment for children referred from any or all of the local Clinics.

The fear that dropping the intermediate inspection might result in defects of vision escaping detection and subsequent treatment was felt to be a serious objection to this expedient as a means of economising medical personnel. To make up for the reduction in medical staff, two additional Ophthalmic Specialists were appointed, each to work two sessions per week. Ascertainment has been maintained by "vision surveys," conducted in School by nurses, all of whom are practised in the testing of vision by standard Snellen types.

Throughout this year, 359 more children received Ophthalmic examination by the medical staff than in 1943, the total number being 3,469 of whom 2,735 were found to require spectacles.

Mr. H. W. Archer-Hall, Ophthalmic Surgeon to the Education Committee, gives the following summary of the work carried out by himself and Dr. A. W. Aldridge at the Central Clinic in Great Charles Street:—

"During the year ending December 31st, 1944, the work represented by the following statistics was carried out at the Great Charles Street School Clinic.

Glasses have been prescribed for the following defects in focus :

Hypermetropia	...	...	236	
Astigmatism	...	...	734	
Myopia	...	...	133	
			<hr/>	
			1,103	
			<hr/>	

I have referred for Orthoptic treatment at the Birmingham & Midland Eye Hospital 21 cases during the year, and at this Institution have performed 49 operations for Strabismus, on children referred to the Hospital from the Clinic.

During the year, I have found it necessary to arrange Partially Sighted Education for 30 pupils.

The figures stated above include the spectacles prescribed by my colleague Dr. A. W. Aldridge."

TONSILS AND ADENOIDS CLINIC.

Surgical treatment of adenoids and enlarged tonsils was carried on at the Handsworth Clinic on three days per week throughout the year, the selection of cases being the same as in the previous year.

The essential points in selection are the urgency of the case and the suitability of the tonsils for removal by an operation which will allow safe return home of the child on the following day.

In all, 1,348 children received operative treatment of whom 679 were boys and 669 girls.

AURAL CLINIC.

During the year 1944 cases were dealt with at the Aural Clinic as shown in the table below :—

No. of children examined by Aural Surgeon	No. of Ionisation treatments by Nurse	No. of Mastoid Dressings by Nurse	No. of Diastolization treatments by Nurse	No. of other Aural treatments by Nurse
745 (of whom 413 were new cases)	82	538	221	3,277

The work of this Department has maintained the level of numbers as compared with past years. There is not much opportunity for increase because the whole department has habitually worked at full pressure. The actual work done has remained little changed in type, i.e., no particular disease of ear, nose or throat has presented itself in preponderance over others.

The following is a report furnished by Mr. F. B. Gilhespy, Aural Surgeon to the Education Committee :—

“During the period under review, a great number of children suffering from nasal symptoms have been seen. These cases of “nasal catarrh” are important, as apart from local symptoms they give rise to many running ears; unless the nose and throat can be made healthy recurrent attacks of otorrhoea are inevitable. Many of these children show well established nasal polypi at an early age, with infected nasal sinuses which require operative treatment. These cases have been treated at the Ear and Throat Hospital, and later in the country at Droitwich. Some of these cases may have an allergic basis, but it is more difficult to recognise this condition in childhood than in adult life.

As regards the ear condition dealt with, far too many cases, dried up by treatment during the winter, relapse in summer owing to bathing. As many Conservative Radical Mastoid operations as possible have been done for discharging ears resistant to any form of local treatment, but similar cases are still present in the clinic. In the post-war planning this problem will have to be faced.”

DENTAL TREATMENT.

	1944.	1943.
Total inspected in all Schools	90,493	101,700
In need of treatment	51,211 (56.6%)	57,357 (56.4%)
Attended Clinics for treatment	27,203 (53.0%)	27,399 (47.8%)

There was little change in the number of children who attended the clinics for treatment, but the proportion of acceptances among the children was definitely higher. Additional points emerging from the statistical returns for the dental service are the following:—

1. Yardley Green Road has been a full-time Dental Clinic for the whole of the year, whereas in 1943 it was a half-time Clinic for the first eight months of the year. The change has resulted in a proportionate increase in the number of children accepting treatment. This is probably because it was possible to offer parents a choice of sessions on which to take their children for treatment.

2. 11,207 fewer children were inspected in the schools during the year. This was caused mainly by the increased number of children accepting treatment.

3. The number of children found to require treatment remains practically constant.

4. There has been a very slight increase in the number of fillings and a decrease in the number of extractions of permanent teeth.

5. The number of "non-gas" sessions is proportionately similar to the number in 1943. There has been an increase, however, in the *actual* number of fillings. At the same time there has been an increase in the number of extractions.

ORTHOPAEDIC SCHEME.

2,568 children were admitted and 1,563 were discharged from the Orthopaedic Department of the various School Clinics.

1,060 children were treated at the out-patient clinic of the Royal Cripples Hospital, and 478 at the Massage Department, the grant-in-aid to this Institution being continued by the Committee.

TUBERCULOSIS.

The following report has been received from Dr. J. E. Geddes, Chief Tuberculosis Officer of the City.—

"TUBERCULOSIS NOTIFICATIONS—ALL FORMS OF
TUBERCULOSIS.

STATEMENT A.

BOYS AND GIRLS.

Year.	Age Groups.	0—5	5—10	10—14	Total
1939	51	44	35	130
1940	64	36	24	124
1941	73	33	26	132
1942	77	56	40	173
1943	74	39	36	149
1944	82	44	37	163

The above statement shows the annual occurrence of all forms of tuberculosis in children since 1939. The number of cases notified during 1944 is 33 in excess of those recorded during 1939. The increase, although material, is not unduly high in view of the enhanced stress to which the child population has been subjected. It is, however, of importance to consider in any analysis of these figures the substantial decrease in the child population at risk determined by evacuation during the early stages of the war.

PULMONARY TUBERCULOSIS.

The number of cases of non-pulmonary tuberculosis has actually fallen, but the following statement (B) which is extracted from statement (A) shows clearly the significant increase in the occurrence of pulmonary tuberculosis, particularly in the earlier age groups.

STATEMENT B.

Year.	Age Groups.	0—5	5—10	10—14	Totals.
1939	24	15	14	53
1940	42	8	14	64
1941	38	14	13	65
1942	49	23	22	94
1943	48	22	18	88
1944	47	30	17	94

These figures are not only of significance as an indication of the actual morbidity but as a measure of the hazards in the form of tuberculosis infection to which the child population has been exposed during the years of war. There has been no indication during 1944 of any reduction in the number of cases, and this war-time impetus to the incidence of tuberculous pulmonary infection in children is likely to delay a return to the normal peace-time rate of notifications.

In the case of non-pulmonary tuberculosis the effect of recent infection may be delayed, and the information contained in statement (B) is probably a more exact index of the probable trend of events than the more general information contained in statement (A).

TUBERCULOUS MENINGITIS.

The following statement (C) shows the occurrence of tuberculous meningitis from 1939.

STATEMENT C.

BOYS AND GIRLS.

Year.	Age Groups.	0—5	5—10	10—14	Totals.
1939	12	3	1	16
1940	10	9	—	19
1941	20	6	2	28
1942	11	7	5	23
1943	11	4	5	20
1944	16	4	4	24

These figures demonstrate the potential tragedy of a tuberculous infection in the early age-groups and the need to offer adequate segregation in a sanatorium or within the home for adults with "open" pulmonary tuberculosis.

SANATORIUM TREATMENT.

The number of children admitted to the Yardley Green Road Sanatorium during 1944 is shown in the following statement.

	Boys	Girls	Total
Number admitted	60	48	108
Number admitted primarily for treatment ...		51	
Number admitted primarily for observation ...		57	
		<hr/> 108	<hr/> 108

Fifty-seven children were admitted for observation and of that number 23, or 40·4 per cent. were discharged because no evidence of tuberculosis was found, but in 34, or 59·6 per cent., the diagnosis of tuberculosis was confirmed and they were transferred to the sanatorium for treatment.

The number of children admitted for treatment during the year was thus 85 and of that number 68, or 80 per cent. were cases of pulmonary tuberculosis and 17, or 20 per cent. cases of non-pulmonary tuberculosis.

NON-PULMONARY TUBERCULOSIS.

The non-pulmonary cases consisted of tuberculosis of the bones and joints, peripheral glands, and abdominal tuberculosis.

PULMONARY TUBERCULOSIS.

The majority of these children were under treatment for primary pulmonary tuberculosis in which the response to treatment is usually most satisfactory. It is sometimes stated that children with a primary complex do not require sanatorium treatment. This ignores the potential danger which lurks in any recent tuberculous process. These lesions are recent, they are characteristically slow in becoming obsolete and prolonged rest is essential. This is made available in the sanatorium until radiological examination shows not only complete resolution of the lesion in the lung, but what is of equal importance, resolution of the tracheo-bronchial glands.”

This report from the Tuberculosis Officer is of considerable significance because an increase in the incidence of tubercle has always been regarded as an almost inevitable accompaniment of wartime conditions. The statistics show a definite increase in prevalence of the disease during the war years. The rise in numbers is not sufficient to suggest any defect in the present measures for control of the disease but does underline the need for maintaining the present vigilant watch for early cases.

The co-operation between the Tuberculosis Department and the School Medical Service is particularly close, and the above numbers give little indication of the total amount of precautionary investigation carried out by that Department where the disease is suspected,

IMMUNIZATION AGAINST DIPHTHERIA.

In the past year 20,904 children of all ages have been inoculated against diphtheria throughout the City. Of these 4,178 children were given the necessary course of protective inoculations in Schools by Public Health Medical Officers while 143 received the same treatment at School Clinics from Assistant School Medical Officers.

Since mortality from this disease is especially high at early ages it is desirable that protection by inoculation should be given as early in life as possible; of the total number treated, 15,814 were in the age group 0—5 years.

PHYSICAL EDUCATION.

The following report has been furnished by Mr. MacCuaig and Miss Thorpe, Organising Inspectors of Physical Training:—

“At no period since the war began has it been possible to report with more satisfaction upon the steady improvement of physical education in the Committee's schools and institutes.

The continued difficulties of large classes and changes of staff have caused added strain, but assistants and head teachers alike have responded with sustained effort and keenness.

Owing to various reasons it has not been possible to hold all training courses in school hours, but nevertheless the Committee's policy for the further training of teachers has been pursued, with good result. Nine courses have been held for teachers in Infant, Junior and Senior Schools, and they were well attended by over 420 men and women. Considerable progress has been made recently in the development of national activities for children in Infant Schools. In the last four years 217 older men and women teachers have been trained to take the physical training of senior boys. They have been indispensable to the increasing success of the war-time scheme of Physical Training.

The large experiment in Educational Dance in Senior Girls' classes and récreative evening classes have continued with enthusiastic support from teachers and pupils. Birmingham's experiment has aroused interest throughout the country and many organisers and lecturers of physical training from all parts of the country have visited various schools which are taking part in the experiment.

Due attention has been given to the improvement of class methods of teaching swimming. By means of lecture demonstration courses many older men and women teachers have been trained to undertake effectively the teaching of beginners. At the moment many difficulties retard the progress of this form of physical education, due mainly to the war, e.g., absence of men teachers, inability to obtain transport for schools distant from the baths.

It has become increasingly difficult to provide staff to undertake the physical education of boys in schools under the Higher Education Sub-Committee, but, even so, every effort has been made to maintain a satisfactory standard. Fortunately some increase in staff has been possible on the girls' side, especially for the girls' Grammar Schools.

The organisation of recreative physical training classes in evening institutes, voluntary organisations, and factories has undergone considerable expansion. Over 420 classes have been staffed, representing an increase of 80 over the figure for 1943. It is certain

that it would have been impossible to provide staff for most of the classes, but for the sound policy of providing training courses for non-teacher instructor-leaders. Generally the standard of leadership is good, and an outstanding feature of the classes is that they are exhilarating, enjoyable, and conducted with great enthusiasm. A display of recreative physical activities was given by many young people drawn mainly from classes in voluntary organisations staffed by the Committee's instructor-leaders at the Lord Mayor's Youth Rally on 1st July, 1944.

At the Athletic Institute a varied programme of activities has been provided for both men and women. It has become increasingly difficult, however, with the present inadequate facilities, to accommodate the overwhelming numbers of adult students wishing to join classes, which are graded up to a high standard. Several classes have been from 50 to 90 in number.

Whilst peace-time standards of attainment are not possible at present, it can be said that the progress made since the beginning of the war has been steady, and is now considerable. It is regretted, however, that the majority of children have not had playing field games for several years, and it is hoped that the Committee's playing fields will be returned for their normal use at the earliest possible moment."

PROVISION OF MEALS.

During the year ended the 31st December, 1944, 4,472,553 dinners were provided for School children, an increase of 1,610,005 compared with the previous year. Of the total number provided, 3,837,670 were paid for and 634,883 were for necessitous children. Of the latter figure, 353,256 were issued free of charge and 281,627 were provided at a charge varying between $\frac{1}{2}$ d. and $3\frac{1}{2}$ d. per meal where the family income did not justify the issue of free meals.

As anticipated with further "calling-up" for the armed forces, and consequent reduced family incomes, the number of meals provided free and on part payment show marked increases compared with last year.

Additional canteens have been opened during the year and the position at the end of the year was as follows.—

	1944	1943	1942	1941
School Canteens served from School Kitchens	101	67	32	27
School Canteens served from British Restaurants	18	21	14	6
School Canteens served from Cooking Depots	31	22	4	2
Nursery Schools and Classes (most of these are served from School Canteens or British Restaurants, and are, therefore, included in numbers above)	47	37	18	5

In connection with the supply of milk under the "Milk in Schools" Scheme, a summary of the returns from Head Teachers shews that the number of children receiving milk in Elementary Schools was 83 per cent. in 1944.

CHILD GUIDANCE CLINIC.

The following report has been received from Dr. C. L. C. Burns upon the work of the Clinic for the year ended 31st December, 1944 :—

“The chief feature of the work for the past year is that it continues to grow in numbers, as shown by the following table.

Number of Children referred in 1944 — 363. (In 1943 — 302).

Sources of Referral.

School Medical Service	96	Social Agencies	19
Elementary Schools (Head Teachers)	93	Juvenile Employment Department	6
Secondary Schools (Head Teachers)	19	Homes and Institutions	10
School Attendance Officers	10	Hospitals	25
Special Schools	5	Private Doctors	25
Infant Welfare	7	Other private persons	3
Probation Department	16	Parents	28
		Speech Class	1

Of these children, 190 were taken on for treatment.

If there is too much increase in quantity, work of this kind will suffer in quality, and there is no doubt as to the need for its extension, and for a further Clinic in another part of the City, if premises and staff were available.

The work during the past year has been somewhat lightened by the addition of an extra Social Worker to the Staff.

The large turn-over in order to keep down the waiting list, means that a considerable number of cases are diagnostic or taken on for supervision only.

A few of the cases do not need the attention of the Psychiatrist but in practice it is found that even though the other members of the Staff are given a free hand to carry their own cases, at least one interview by the Psychiatrist is advisable in nearly all cases, if only to eliminate possible constitutional or other physical conditions. This is what actually occurs given the usual team organisation, and the usual type of cases, proper to Child Guidance.

The future is likely to see an extension of psychological service in the schools, which will deal with all types of retardation, and also the simpler cases of maladjustment, and on the other hand, a still better selection of cases for the Child Guidance Clinic, i.e., of cases with a more psychiatric aspect.

One effect of the war is seen in the increased number of children who get beyond control owing to the father's absence in the Services, and the mother at work. In many of these cases, removal from home becomes necessary, and it is most important that the right type of Institution should be available.

The children have often already led a disturbed existence owing to evacuation, and we are now getting some who were evacuated at an early age, i.e., between five and seven or even earlier, when the effects of separation were more severe. These children are not to blame for their behaviour, and it is essential that they should be placed where they will receive all the understanding and affection which they are in need of.

It was found last year that the number requiring placement was 25 per cent. of cases taken on for treatment. Many of these were treated for some time at the Clinic before deciding whether (a) circumstances at home were too much against them; (b) the children themselves were so psychopathic as to require institutional treatment; (c) the treatment could be rounded off by a period at a residential open-air school or boarded-out on a farm.

Thus it is only a certain number of the more serious cases that require actual psychiatric supervision or treatment, and these are found to be mainly of the following types; (1) severe forms of psychoneurosis; (2) psychotic personality types; (3) psychopathic delinquents. Suitable institutions for the latter are few, and we have been fortunate in being able to place some of these children with Dr. Fitch at Dunnow Hall School, and others in Holly Lodge, Chesterfield, where they receive treatment at the Chesterfield Child Guidance Clinic. Of the need for more of this type of Specialised School there is no doubt.

REMAND HOMES.

It seems opportune to review shortly the scheme for accommodation of children and young persons remanded by the Courts. In December, 1943, the Moseley Road Remand Home was re-opened and equipped for the reception of boys from 9 to 12 years of age and girls from 9 to 14. In its design the building lends itself to the accommodation of both sexes in these earlier ages. We have, therefore:

Moseley Road Home for boys 9 to 12 years and girls 9 to 14 years.

Fircroft Home for boys from 12 years upwards.

Riversdale for girls from 14 years upwards.

Erdington Cottage Homes—a few children under 9 are still accommodated here.

All these young people are under constant medical supervision. Fircroft and Moseley Road by Dr. Turnbull, Riversdale by Dr. D. Taylor-Shewring. Remand children at Erdington Cottage Homes are under the care of Dr. Kirkland, the Medical Officer of that Institution. Regular visits are paid by one of the School Nurses to detect and deal with head infestation, except in the case of the Erdington Children who are supervised in this respect by the resident sister at the hospital of the Homes.

In the matter of physical health, the aim in all cases is to pass each inmate on to his or her next destination cured of any bodily ailment, or, if this be impossible, at least with an adequate medical record so that treatment may be continued. Great help has been given by hospitals which have readily admitted cases which could not be safely retained in the various homes or which required specialised investigations. Having regard to the short stay of these young persons the City Tuberculosis Officer, despite pressure of other work, has given early appointments for our cases; we have had regular assistance too from the Special Clinics.

Mental investigations, where necessary, are carried out by the Psychologists of the Special Schools Department and by the Psychiatric Staff of the Child Guidance Clinic. In all cases the object is to present to the Court as fair and comprehensive a picture of the young person's bodily and mental attributes as is possible in the time available. No such picture could be complete or of the best practical use without the

observations and reports of the various superintendents who are able to watch the daily reactions of the individual to his or her companions and surroundings. The aim is always remedial, a policy of cure rather than of punishment. Each home, because of the difference in age and sex, has its own problems, and methods of dealing with the Children and Young persons must accordingly vary.

The children at Erdington are below 9 years of age, and it might be thought that there are only isolated cases of social maladjustment among children so young. Even at this age, however, children are declared by their parents to be beyond their control, and help is sought from the Courts. While it is unsafe to generalise most of these individuals are found to be either mentally dull or on the border-line of mental deficiency, commonly with an emotional instability which impels them to anti-social behaviour. The disposal of these children is a difficult problem. Possibly the best measure would be to accommodate them in a residential institution with training and teaching suited to their mental capacity, removing them from home not in any punitive spirit but because their parents can scarcely be expected to understand and provide their essential requirements.

In Moseley Road Remand Home the age-range includes children of much the same type but capable of more active anti-social behaviour on account of their added years. Here we find the "gang-spirit" being manifested, and this spirit, if it can be properly directed, is by no means an entirely reprehensible phenomenon in human relationships. Since all these children are of school age, choice of school is a matter of prime importance in their disposal; again, many require some residential institution to provide a change of environment, mental and physical.

Fircroft boys have, for the most part, made more or less of an entry into industry. Young as he is, a boy who has left School already has a past, so that maladjustments may be found to have their origins in the previous phase of life or in difficulty in finding a congenial place in the new sphere. Even in the short time available at the Remand Home it is surprising how much can be done in finding out the essential character make-up of these boys and how many respond readily to the skilled and informed influence brought to bear upon them. The curative ideal mentioned in my report for last year has been maintained and developed. So far as time and pressure of immediate duties will allow, the Superintendent makes efforts to follow-up boys who pass through his hands, a measure of considerable importance in many instances.

The Riversdale Girls, from 14 years upwards, present a complex and difficult problem. Many of these girls have run almost the whole gamut of human experience and sensation, so that it is difficult to occupy them with interest and profit for their future without giving any sense of drudgery. In spite of this, however, the Superintendent is able to do much for her charges.

More than ever one becomes convinced that delinquency is, in the main, preventable or curable, and in some cases the anti-social behaviour is directly, or, more commonly, indirectly due to subnormal health. This is recognised by the Magistrates so that recommendations for medical treatment accompany their decisions in appropriate cases.

Medical examinations for submission of reports were carried out at these Homes as follows :—

Fircroft	...	...	79
Moseley Road	...	...	48
Riversdale	...	...	29
Erdington Homes			34
			<hr/>
			190
			<hr/>

In addition, 10 girls were examined at "The Hawthorns," a Salvation Army Hostel where girls have been readily accommodated in times of urgency.

EXAMINATION OF MILK/NEWSBOYS, ETC.

The number of children examined under the Bye-Laws regulating the employment of children during the year ended 31st December, 1944, was 1,992, the number of clinic sessions used being 228. During the same period the number of children examined for theatrical licenses was 53.

NURSERY CLASSES.

In December, 1944 there were, throughout the City, 63 Wartime Nursery Classes in 42 Centres, with 1,673 children on roll and 13 pre-war Nursery Classes in 5 centres with 395 children on roll, an increase of 128 in the number of children attending classes of this type.

Restriction of space makes it impossible to give full reports from the Medical Officers who carry out the medical supervision of these Classes but all are of significance and through them runs the following general theme :

1. The practical importance of these Classes in detecting disease in the early stages before serious damage is done. This is worth while even if only 2,000 children are concerned.
2. The possibility of prevention of many disease conditions which may, and often do, provide gateways for later and more seriously crippling diseases. Notable among these are conditions following measles, whooping cough, and diphtheria; catarrhal infections of nose, throat, ear and lungs; postural deformities and digestive disorders.
3. The opportunity for health training so that good personal hygiene becomes instinctive.
4. The value of these Classes as a practical measure of parent guidance.
5. The general need for some means of securing convalescence for children of this age range.
6. The value of Sunlight, even Artificial Sunlight, in prevention or cure of conditions prevalent among the children.
7. The need for more Nurses so that treatment and supervision of the children may be more close and constant and so that Nurse may develop her contacts with the mothers.

Owing to economic and housing differences, these factors will have a varying weight in different areas of the City, but the general picture is uniform and the need seems widespread.

To what extent attendance at these classes will continue after the war, is uncertain. While the need of such provision was brought to light by war conditions, with their associated maternal employment, the need was there all the time and is likely to continue little changed by cessation of hostilities.

ULTRA-VIOLET RAY TREATMENT.

2,489 children were treated.

695 were cured and much improved.

869 were improved.

135 were no better, and

790 ceased to attend before the completion of course.

The efficiency of this type of treatment is highly esteemed by the Assistant School Medical Officers, especially in the Centre of the City where living conditions are less favourable than in the suburban areas. It is felt that even in these more open districts children, throughout any year, receive much less sun-light than is desirable.

Measures to secure increased facilities for administration of artificial sunlight are being considered. Employment restrictions have occasioned difficulty in maintaining the Staff necessary to carry on this work to its full possibilities.

SCABIES.

Year.	Number of Children found to be suffering from Scabies.	Number treated by this Authority.	Total Number of baths given.
1940	2,751	2,255	9,469
1941	5,776	4,440	12,747
1942	6,262	4,993	19,760
1943	5,160	4,547	10,114
1944	2,803	2,580	4,676

As shown in the above statistics the fall in the number of scabies cases discovered during the past year was notable. The opportunity of ascertainment has not been appreciably less since special inspections and re-inspections to the number of 105,112 were carried out as compared with 108,216 during the previous year. This fall in the incidence of scabies has, it is understood, been observed in a fairly similar proportion by the officers of the Public Health Department and reports go to show that the reduction is general throughout the country. This is gratifying, and, while the general decline shows that reduction in incidence is not entirely due to the actions taken against the infestation, much can be claimed for the close co-operation between the School Medical Service and the Public Health Service which has facilitated that most important measure of all—simultaneous family treatment. The fact that the epidemic incidence of Scabies has been so notably lessened will not lead to any slackening of vigilance in efforts to detect and deal with the condition. There is likely to remain in the population generally and in proportion among the children of the city a smouldering residuum if infestation as there had been throughout Birmingham and the whole of England prior to the sudden increase in prevalence about 1938.

UNCLEANLINESS.

In spite of varying conditions there has been throughout the year only a slight reduction in the number of cleanliness examinations of children in the Schools. In all, 309,782 examinations have been made. A total of 13,140 individual children was found to be unclean. This is slightly less than in the previous year when 13,895 cases were detected. It is safe to say, however, that the standard demanded on examination of cleanliness has of recent years been more stringent than formerly. Very severe cases showing heavy infestation with live vermin are becoming less numerous, and there is reason to believe that the persistence of this condition in what appears to be almost a fixed proportion of the child population is due rather to the moderate cases with presence of nits on examination than to heavily infested cases. It is precisely in these moderate infestations that it is difficult to convince some parents of the need for complete eradication of the condition. Legal proceedings were taken under the School Attendance Bye-Laws in the case of 211 children as compared with 327 in 1943. During the six months ended 17th June, the Mobile Bath Unit placed at the disposal of the Committee by Messrs. Lever Brothers continued its services, after which date it was transferred to the London area for emergency service there, and later to the Continent where the need was great. 14,237 children received baths; 8,065 of these were boys and 6,172 girls. As previously, all children when presenting themselves for baths were inspected by one of the Committee's attendants in order to ensure that no communicable disease was present. Only three children were rejected, of whom 2 suffered from scabies and one from head vermin.

EVACUATION.

In previous years evacuation has meant the despatch of the children from the City to reception areas but this year Birmingham has seen something of the other side of the picture. In July it was decided to evacuate children from London and Southern England on account of the damage and danger resulting from the use by the enemy of "flying bombs." Birmingham was declared a reception area and adequate arrangements were quickly made. These arrangements were in the hands of the Civil Defence Committee and worked with remarkable smoothness and efficiency. On arrival, refugees were transported to Reception Centres, Schools, Church Halls, etc., where they had food, sleep, and medical inspection before being allocated to private billets, or to Hostels in such cases as proved unsuitable for billeting with householders.

Since most of the trains contained mothers with children of pre-school age as well as school children, the medical officers of the Public Health Department joined with those of the School Medical Service in conducting the medical inspections. Great credit is due to the medical services of the despatching areas for the good condition of the majority of the children and the adequate medical notes accompanying them. In spite of this, however, it was still held to be necessary to examine the incomers lest in the emergency any had been overlooked. In actual fact a few cases of infectious disease were detected which could not have been found at the initial examination since rashes were only beginning to appear and could be watched developing on arrival of the children in Birmingham.

Cases of infectious disease were promptly removed to the City Isolation Hospital; children with scabies were housed in special hostels and treated by the Public Health Department; those with head infestation were accommodated in similar hostels and cleansed by Nurses and Attendants of the School Medical Service.

From personal observation one can say that the reception accorded by Birmingham to the refugees was excellent. Reception Centres had numerous visitors—not idle sight-seers, but local residents offering accommodation to the homeless. All received food on arrival, but in most cases the most general and pressing need seemed to be sleep. About 6,000 were received in all, of whom some 1,400 still remained in the City at the end of December.

Most of the Birmingham children who were evacuated have now returned home. In some instances, however, parents have arranged for them to remain in the reception areas under private arrangements with the foster parents. About 200 children have not yet returned owing to home circumstances, lack of accommodation, or because it has not been possible to trace the parents.

SPECIAL SCHOOLS.

General.

Dr. Muriel Roberts has, during 1944, continued the medical supervision of the Special Schools. Under the existing war conditions, no extension has been possible. There has, however, been an opportunity of testing and evaluating existing organisations so that future needs are more clearly evident. This should be of practical value in shaping a scheme of provision for handicapped children as envisaged in the new Education Act.

Evacuation.

Owing to the continued improvement in the military situation the Ministry of Health issued instructions in October, 1944, that arrangements could be made for the return of the children from the reception areas. The extreme shortage of residential school provision for mentally retarded children has made it inadvisable as yet to close the schools at Ogmores Camp and Llansantffraed Court, where, at the close of 1944, there were nearly 200 mentally retarded children, including some from other Authorities.

In the Special Schools in Birmingham, there were, at the end of the year, a total of 1,954 children in attendance as compared with 1,844 in December, 1943. Unfortunately, a serious shortage of teachers is placing a limit on the number of children who can be admitted and waiting lists occur in some areas. This is undesirable, both for the children concerned and for the Elementary Schools in which they have to remain.

Cottage Homes Children.

A number of the younger children continue to be cared for in the Residential Nurseries in Wales, but at the end of the year, arrangements are being made for the return of the premises at King's to the Youth Hostels' Association, leaving the two Nurseries at Garth and Caerynwch, near Dolgellau, and the third at Martineau House, Towy.

The number of children in residence at the Erdington Cottage Homes has increased steadily during the year, while the staffing shortage both here and at the Shenley Fields Cottage Homes, has assumed serious dimensions. After five years of war, the ordinary methods of recruitment bring little success, though every means of augmenting the staff has been tried.

Much credit is due to the existing staffs for the way in which they have attended to the welfare of the children, often in difficult circumstances.

At the end of December, 1944, there were 334 children at Erdington and 215 at Shenley Fields Cottage Homes.

Open Air Schools.

The Open Air Schools, both Day and Residential, have carried on satisfactorily. The increasing appreciation of these schools by the public and by Medical Practitioners, is gratifying, but has led to the accumulation of a waiting list with which, at present, it is difficult to cope. Many of the cases in these schools, require a long course of treatment to cure a specific disease condition or to stabilise general health. The results are good, but too early return to ordinary conditions of life and the previous environment leads to relapse and further endangers the health of the child.

Partially Sighted Children.

Mr. Archer Hall, Ophthalmic Surgeon, reports as follows upon children who have been under his care with eye defects of a serious nature :—

“During the year ending December 31st, 1944, I have visited each of the Schools for Partially Sighted Children every four months, and have chosen from among the pupils those requiring examination at the Great Charles Street Clinic.

During the year I have examined 89 children at the Clinic, prescribing fresh lenses where necessary after refraction.

From the ordinary Clinics for Sighted Children at Gt. Charles Street, I have found it necessary to advise Partially Sighted Education for 30 pupils.

In regard to 5 boys and 2 girls, I have arranged admission to the Birmingham Royal Institution for the Blind.”

CONCLUSION.

After five years of war it is fair to claim without undue optimism that the state of the health of the children is gratifying. It is a great deal better than one dared to hope might be the case when looking forward into the future in September, 1939. It is possible, although not yet susceptible of proof, that the scars of war will prove more evident in nervous instability and general psychological disharmony than in actual physical bodily deterioration. Throughout the war period there has certainly been some increase in tuberculosis and this year's incidence is heavier than in 1943. It is in fact equal to 1942 which gave the worst

picture of previous war years and was considerably higher than in pre-war times. One would repeat that in so far as School conditions and School care are concerned everything is being done by the Authority to take an active and vital part in the campaign against tuberculosis and ill-health in general. The close co-operation between all members of the School Medical Service and the teachers in Schools of every type has been maintained and this, along with cordial contacts with the parents, is regarded as one of the most powerful influences towards health in the children. Thanks are due to all who have joined readily and effectively in this work, to the teachers, to the Public Health Department in all its branches, to the Attendance Officers, to Medical Practitioners, and to the Hospitals of the City. The Rotary Club has also given valuable help in securing convalescence for ailing children.

CITY OF BIRMINGHAM

Education Committee

Appendix to Annual Report

of

School Medical Officer

for the year ended 31st December, 1944

OFFICIAL TABLES

Elementary Schools.

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS

A. ROUTINE MEDICAL INSPECTIONS.

(1) Number of Inspections in the prescribed Groups :							
Entrants	..	..	..	..	..	..	11,256
Second Age Group	..	..	..	..	..	..	1,189
Third Age Group	..	..	..	..	..	..	8,684
Total	..	..	..	..	..	..	<u>21,129</u>
(2) Number of other Routine Inspections							
Grand Total	..	..	..	..	..	..	<u>21,129</u>

B. OTHER INSPECTIONS.

Number of Special Inspections and Re-Inspections	105,112
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TABLE II.

CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR
IN THE ROUTINE AGE GROUPS.

Age-Groups	In- spected	Number of Children.							
		A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
	21,129	595	2 8	15,882	75.1	4,521	21.4*	131	.7

* See page 4 for observations of School Medical Officer.

TABLE III.

GROUP I.—**TREATMENT OF MINOR AILMENTS** (excluding Uncleanliness, for which see Table V).

Total number of Defects treated or under treatment during the year under the Authority's Scheme 25,967

GROUP II.—**TREATMENT OF DEFECTIVE VISION AND SQUINT** (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with		
	Under the Authority's Scheme.	Otherwise	Total
ERRORS OF REFRACTION (including squint)	3,469	383	3,852
Other defect or disease of the eyes (excluding those recorded in Group I)	13	30	43
Total	3,482	413	3,895
No. of Children for whom Spectacles were	Under the Authority's Scheme.	Otherwise.	Total
(a) Prescribed	2,735	362	3,097
(b) Obtained.. .. .	2,696	361	3,057

GROUP III.—**TREATMENT OF DEFECTS OF NOSE AND THROAT.**

Number of Defects.

Received Operative Treatment.		Received other forms of Treatment.	Total number treated
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)		
1,348	417	793	2,558

TABLE IV. DENTAL INSPECTION AND TREATMENT

(1)	Number of children inspected by the Dentist :						
	(a) Routine age-groups.	..	..	..	..	..	84,181
	(b) Specials	..	..	..	..	..	262
	(c) Total (Routine and Specials)	..	..	..	..	..	84,443
(2)	Number found to require treatment	..	..	..	..	..	47,133
(3)	Number actually treated	..	..	..	..	..	25,765
(4)	Attendances made by children for treatment	..	..	..	..	..	31,338
(5)	Half-days devoted to	$\left\{ \begin{array}{l} \text{Inspection} \quad 368 \\ \text{Treatment} \quad 3,203 \end{array} \right\}$ Total 3,571.					
(6)	Fillings	$\left\{ \begin{array}{l} \text{Permanent Teeth} \quad 10,909 \\ \text{Temporary Teeth} \quad 195 \end{array} \right\}$ Total 11,104.					
(7)	Extractions	$\left\{ \begin{array}{l} \text{Permanent Teeth} \quad 11,582 \\ \text{Temporary Teeth} \quad 52,362 \end{array} \right\}$ Total 63,944.					
(8)	Administrations of general anaesthetics for extractions	15,896.					
(9)	Other Operations	$\left\{ \begin{array}{l} \text{Permanent Teeth} \quad 2,329 \\ \text{Temporary Teeth} \quad 3,006 \end{array} \right\}$ Total 5,335.					

TABLE V. VERMINOUS CONDITIONS

(i.)	Average number of visits per school made during the year by the School Nurses.....	12.02.
(ii.)	Total number of examinations of children in the Schools by School Nurses.....	309,782.
(iii.)	Number of <i>individual</i> children found unclean.....	13,140.
(iv.)	Number of individual children cleansed under Section 87 (2) and (3) of the Education Act 1921.....	Nil.
(v.)	Number of cases in which legal proceedings were taken :—	
	(a) Under the Education Act, 1921.....	Nil.
	(b) Under School Attendance Byelaws.....	211.

TABLE VI. BLIND AND DEAF CHILDREN

Number of totally or almost totally blind and deaf children who were not receiving education suitable for their special needs at the end of the calendar year :—

	(1) At a Public Elementary School.	(2) At an Institution other than a Special School	(3) At no School or Institution.
Blind Children	—	—	—
Deaf Children	—	—	—